

**MASTER OF SCIENCE IN NURSING
NURSE ADMINISTERED ANESTHESIA**

Bradley University
Department of Nursing
Graduate Program
Peoria, Illinois 61625
(309) 677-2530

Decatur Memorial Hospital
Nurse Anesthesia School
2300 North Edward Street
Decatur, Illinois 62526
(217) 876-2578

APPLICATION

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Date of Application _____ Desired Date of Entrance _____
Name _____ Social Security Number _____
Last First Middle
Mailing Address _____ Phone _____
City _____ State _____ Zip Code _____ Country _____
Work Phone _____ Date of Birth _____ Male () Female ()

Ethnicity: 1 - Native American/American Indian 2 - Black/African-American 3 - Asian or Pacific Islander
4 - Hispanic, Latino, or Spanish origin 5 - Caucasian 6 - International Applicant
RN's State of Licensure _____ Graduate of NLN-accredited program? Yes () No ()
Previous attendance at Bradley: Yes _____ No _____ Dates: _____ Previous ID# _____

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Are you currently certified in: CPR - Yes () No () ACLS - Yes () No () PALS - Yes () No ()
Have you ever attended a school of anesthesia before? Yes () No ()
If so, reason for leaving _____

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EXPERIENCE AND OBJECTIVES: *Please attach a short essay on each of the following topics:*

1. Explain achievements and work experience which you consider relevant to your interest in and capacity for graduate study.
2. Briefly state your *career objectives*, and how the graduate program you have selected will assist you in attaining these goals.

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PLEASE SUBMIT THE FOLLOWING ITEMS WITH THE COMPLETED APPLICATION FORM DIRECTLY TO DECATUR MEMORIAL HOSPITAL.

1. Check for \$40, payable to Bradley University.
2. Two official transcripts from all previous undergraduate and graduate credits. Send one copy to Bradley University and one to Decatur Memorial Hospital
3. Three recommendations on the enclosed forms. Please forward forms to references. a) an immediate supervisor in a nursing setting (acute care nursing supervisor if other than the current supervisor); b) a nursing faculty member with whom you have had direct contact in the baccalaureate nursing program; c) a professional nurse associate.
4. Copies of current nursing license, CPR, ACLS, and PALS certification.
5. **Written resume including all educational and work experience.**
6. The following examination has been or will be taken and the score will be sent to Bradley University:
CHECK ONE: GRE () MAT () Test date _____ The TOEFL test is required of all international students.
References from the following will be mailed directly to Decatur Memorial Hospital.

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Signature _____

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Date _____